

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF SOUTH CAROLINA

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/19

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Regional Ambulance Service, Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 27-0004015

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

1089 Augusta Road, Suite 300  
Warrenville, SC 29851

Number, Street, City, State & ZIP Code

Aiken

County

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) RegionalAmbulanceService.com

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor **Regional Ambulance Service, Inc.**  
Name

Case number (if known)

**7. Describe debtor's business**

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

**6219**

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☒ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625 (amount subject to adjustment on 4/01/22 and every 3 years after that).
- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

☒ No.

☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

☒ No

☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **Regional Ambulance Service, Inc.**  
Name

Case number (if known)

**11. Why is the case filed in this district?**

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other

**Where is the property?**

Number, Street, City, State & ZIP Code

**Is the property insured?**

☐ No

☐ Yes. Insurance agency

Contact name

Phone

**Statistical and administrative information**

**13. Debtor's estimation of available funds**

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors**

☐ 1-49

☐ 50-99

☒ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

**15. Estimated Assets**

☐ \$0 - \$50,000

☒ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

**16. Estimated liabilities**

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☒ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor **Regional Ambulance Service, Inc.**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 16, 2019**  
MM / DD / YYYY

**X /s/ Darrin Moyer**

Signature of authorized representative of debtor

**Darrin Moyer**

Printed name

Title **President**

**18. Signature of attorney**

**X /s/ W. Harrison Penn**

Signature of attorney for debtor

Date **December 16, 2019**

MM / DD / YYYY

**W. Harrison Penn 11164**

Printed name

**McCarthy, Reynolds, & Penn, LLC**

Firm name

**P. O. Box 11332**

**Columbia, SC 29211-1332**

Number, Street, City, State & ZIP Code

Contact phone **803-771-8836**

Email address

**11164 SC**

Bar number and State

**Fill in this information to identify the case:**

Debtor name **Regional Ambulance Service, Inc.**  
 United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an  
 amended filing

## Official Form 204

### Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Zurich North America PO Box 4664 Carol Stream, IL 60197-4664						\$81,797.17
Uppro Attn: Dan Choi 25 Broadway, 9th Floor New York, NY 10004						\$10,390.85
EDTS 1721 Goodrich Street Augusta, GA 30904						\$7,108.65
Schroeder's Towing 3512 Bush River Road Columbia, SC 29210						\$6,521.25
Aiken Regional Medical Centers Attn: Darren Waters FBO Business & Industry Development 440 Society Hill Drive, Ste. 204 Aiken, SC 29803						\$5,714.00
Allied Health Resources PO Box 17768 Greenville, SC 29606						\$5,497.76
Ace American Ins. Co. Lockbox #6907 PO Box 8500 Philadelphia, PA 19178						\$5,000.00

Debtor **Regional Ambulance Service, Inc.**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Verizon PO Box 660108 Dallas, TX 75266-0108						\$4,656.92
Employee 1						\$4,615.38
keyRisk PO Box 18746 Greensboro, NC 27419						\$4,277.95
AFC Greer Attn: Anna Cardona 1467 Woodruff Rd., Ste. C Greenville, SC 29607						\$3,932.50
Pollock 1711 Central Avenue Augusta, GA 30904						\$3,858.16
Fisher & Phillips, LLP 1320 Main Street, Suite 750 Columbia, SC 29201						\$3,710.47
Midlands Exams and Drug Screening, Inc. 3020 Sunset Boulevard, Ste. 102 West Columbia, SC 29169						\$3,223.00
Employee 6						\$3,076.92
Angelica PO Box 532268 Atlanta, GA 30353-2268						\$2,948.93
Employee 62						\$2,527.66
Employee 27						\$2,500.00
Employee 2						\$2,307.69
Employee 57						\$2,263.90

**United States Bankruptcy Court  
District of South Carolina**

In re **Regional Ambulance Service, Inc.**

Debtor(s)

Case No.  
Chapter

**11**

**STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION**

I, **Darrin Moyer**, declare under penalty of perjury that I am the **President** of **Regional Ambulance Service, Inc.**, and that the following is a true and correct copy of the resolutions adopted by the Board of Directors of said corporation at a special meeting duly called and held on the 12th day of December, 2019.

"Whereas, it is in the best interest of this corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that **Darrin Moyer, President** of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter **11** voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that **Darrin Moyer, President** of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that **Darrin Moyer, President** of this Corporation is authorized and directed to employ **W. Harrison Penn 11164**, attorney and the law firm of **McCarthy, Reynolds, & Penn, LLC** to represent the corporation in such bankruptcy case."

Date \_\_\_\_\_

Signed **/s/ Darrin Moyer**  
**Darrin Moyer**

Resolution of Board of Directors  
of  
**Regional Ambulance Service, Inc.**

Whereas, it is in the best interest of this corporation to file a voluntary petition in the the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that **Darrin Moyer, President** of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that **Darrin Moyer, President** of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that **Darrin Moyer, President** of this Corporation is authorized and directed to employ **W. Harrison Penn 11164**, attorney and the law firm of **McCarthy, Reynolds, & Penn, LLC** to represent the corporation in such bankruptcy case.

Date \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_



LOCAL OFFICIAL FORM 1007-1(b) TO SC LBR 1007-1

United States Bankruptcy Court  
District of South Carolina

In re Regional Ambulance Service, Inc.

Debtor(s)

Case No.

Chapter

11

**CERTIFICATION VERIFYING CREDITOR MATRIX**

The above named debtor, or attorney for the debtor if applicable, hereby certifies pursuant to South Carolina Local Bankruptcy Rule 1007-1 that the master mailing list of creditors submitted either on computer diskette, electronically filed via CM/ECF, or conventionally filed in a typed hard copy scannable format which has been compared to, and contains identical information to, the debtor's schedules, statements and lists which are being filed at this time or as they currently exist in draft form.

Master mailing list of creditors submitted via:

- (a) \_\_\_\_\_ computer diskette
- (b) \_\_\_\_\_ scannable hard copy  
(number of sheets submitted \_\_\_\_\_)
- (c)   X   electronic version filed via CM/ECF

Date: December 16, 2019

/s/ Darrin Moyer

Darrin Moyer/President

Signer/Title

Date: December 16, 2019

/s/ W. Harrison Penn

Signature of Attorney

W. Harrison Penn 11164

McCarthy, Reynolds, & Penn, LLC

P. O. Box 11332

Columbia, SC 29211-1332

803-771-8836 Fax: 803-753-6960

Typed/Printed Name/Address/Telephone

11164 SC

District Court I.D. Number

**United States Bankruptcy Court  
District of South Carolina**

In re **Regional Ambulance Service, Inc.**

Debtor(s)

Case No.

Chapter

**11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Regional Ambulance Service, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**December 16, 2019**

Date

**/s/ W. Harrison Penn**

**W. Harrison Penn 11164**

Signature of Attorney or Litigant

Counsel for **Regional Ambulance Service, Inc.**

**McCarthy, Reynolds, & Penn, LLC**

**P. O. Box 11332**

**Columbia, SC 29211-1332**

**803-771-8836 Fax:803-753-6960**